For Harold

A STUDY OF PRESIDENT KENNEDY'S AUTOPSY

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AND

EXPLANATORY NOTES

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For the reader who is unfamiliar with assassination works, it is necessary to explain the particular system of documentation used in this paper. The Warren Commission published a lengthy report accompanied by 26 volumes of "supporting" testimony and exhibits. Any reference from the Report is given as follows: "R236", where "R" stands for the Warren Report which was published by The United States Government Printing Office, and "236" or any particular number denotes the page referred to. Citations from the 26 volumes take this form: "7H423", where "7" is the volume number containing the reference, "H" denotes "Hearings Before the Warren Commission," and "423" is the page number.

INTRODUCTION

A medico-legal autopsy is intended to determine with great precision the causes and circumstances of death of victims of violent death. In the case of the assassination of a President, we should expect accuracy far beyond that demanded by normal legal standards--accuracy which should leave no doubt whatsoever about the nature of the wounds inflicted and the direction from which they were delivered, in addition to the type of weapon causing them.

Therefore, it is odd that so much doubt and controversy should surround the wounds incurred by President Kennedy who was assassinated in Dallas, Texas on November 22, 1963. All of the controversy and uncertainty over the late President's wounds can be traced to the source which was responsible for clearing up such problems--the autopsy performed on the evening of the assassination at Bethesda Naval Medical Center in Maryland.

The purpose of this paper is not to clarify the nature of President Kennedy's wounds; that is a topic which will be dealt with later. Quite specifically, I am now attempting to give the reader a background on the manner in which the wounds were officially investigated. This is essential knowledge if we are ever to know just what damage was done to the President's body.

The paper is basically divided into two large areas--the actual autopsy and the report of the Clark Panel. (In 1968, Ramsey Clark, then Attorney General, appointed a panel of four pathologists to examine the photographs and X-rays of the President's body taken during the autopsy. The written report of their observations is referred to as the Panel Report.) The reason for these two main subdivisions is that the issuance of the Panel Report for a good part shed a new light on the autopsy and thus deserves separate, detailed analysis. It is also important that the autopsy be examined for what it reveals independent of other information.

Our study of the autopsy must undergo further division for the purpose of clarity and better appreciation of the topic being considered. It is necessary to examine the specific qualifications of the pathologists who conducted the autopsy and the effect these had on the autopsy report. Next there is the question of the report itself--just what was included in that report and even more important what was left out. Also to be considered under this aspect of the autopsy report is the very intriguing story of how the final report came to be written.

We will analyze the Panel Report in light of several factors. Briefly, there will be some background on the report and its executors. More detailed, however, will be our comparison of the Panel Report to the autopsy report; this, as we will see, makes for fastinating--rather shocking, in fact--study.

CHAPTER I

THE DOCTORS, THE AUTOPSY, THE ARMOR, AND THE "PATH THROUGH THE WOOD"

> "Outside of our larger cities, it is usually impossible for the investigating officer to have the services of a trained medical pathologist to perform autopsies which may be required. Generally the community doctor is the man called upon to do this task, and, if he is without special training in the field of legal medicine, the autopsy is apt to be entirely inadequate."[1]

The Doctors

The three men who were responsible for the post-mortem examination on the body of President Kennedy were Commander James J. Humes, Navy Commander J. Thornton Boswell, and Lt. Col. Pierre Finck. There is no reason why we should not expect these men to have been of the best caliber to perform the autopsy; there is no reason why anyone who was less than the best should have been appointed to conduct the examination. Out of respect for our national honor, it was only right to assure that the nature of the President's wounds be ascertained in as much detail and with as much precision as possible; out of respect for our fallen president, it was only right that he be examined by only the most highly respected men in the field of forensic pathology.

It is troubling, then, in the extreme, that the men who were chosen to perform the autopsy were much less than the best. The man in charge of the autopsy, Commander Humes, was not even a forensic pathologist, as was the case with his assistant, Commander Boswell. Lt. Col. Finck, while being a competent forensic pathologist, had experience which had been largely administrative--limited chiefly to reviewing the files of finished cases. Let us carefully examine the specific qualifications of each of the autopsy surgeons.

There is quite a bit of difference between a general "hospital" pathologist and a forensic pathologist. The chief functions of a hospital pathologist concern the examination of organs or tissue slides as a means of establishing diagnosis on living patients. If he is called on to perform an autopsy, it usually concerns a patient who has succumbed in the hospital from a natural disease; in such cases the autopsy is done to confirm a preconceived diagnosis or for research purposes. The duties of a forensic pathologist, on the other hand, involve establishing (as distinguished from verifying) the exact cause and manner of death; the setting is most often in cases of violent death. Obviously, the training, experience, and knowledge of a forensic pathologist are quite distinct from those of the hospital man.[2]

Dr. Humes testified before the Warren Commission that his official title was "Director of Laboratories of the Naval Medical School at Naval Medical Center at Bethesda." Humes' duties under this title were those of a hospital pathologist. When asked about his experience in gunshot wounds, he admitted that his practice had been more extensive in the field of natural disease. In fact, with the exception of one course in the field of forensic pathology as part of his overall training, there is no certain knowledge of whether Humes had any experience whatsoever in performing autopsies on victims of gunshot wounds (2H348). Yet Humes was charged with the responsibility of conducting and supervising the President's autopsy.

Working as Humes' assistant was Dr. Boswell. From the testimony we learn that Boswell too was trained solely in the field of "clinical and pathological anatomy," or, in basic terms, hospital pathology (2H377). Thus Boswell's expertise, as well as Humes', was apart from the field of forensic pathology. There is no reason to doubt that both of these men were outstanding experts in their field; as for performing an autopsy on the body of a victim of gunshot wounds, they were outrightly incompetent. There is furthermore no reason why such men should have been called upon to perform such an autopsy. Dr. Milton Helpern, Chief Medical Examiner of the City of New York and distinguished forensic pathologist, has commented on the choice of Humes and Boswell to conduct the examination.

> I've already touched on the gravest problem of them all--the selection of a hospital pathologist to perform a medico-legal autopsy. This stemmed from the mistaken belief that because a man supervises a laboratory or performs a hospital autopsy..., he is qualified to evaluate gunshot wounds in the body. It's like sending a seven-year-old boy who has taken three lessons on the violin over to the New York Philharmonic and expecting him to perform a Tchaikovsky symphony. He knows how to hold the violin and bow, but he has a long way to go before he can make music.

Colonel Finck's case, while different from that of the other doctors, is no more assuring. Finck had adequate training in forensic pathology even though his work was for a good part administrative (2H378). However, it is Finck's position at the autopsy which is disturbing. We must remember that he, an Army man, was working under the supervision of a Navy doctor in a Navy hospital which from the start made for uncomfortable circumstances.

There is something more critical about Finck's position which perhaps rendered his ability in forensic pathology useless. Finck was summoned to the autopsy to assist Humes and Boswell (who apparently became aware of the shortcomings of their training once they had started their examination of the body (2H369). He arrived during the course of the autopsy, after the chest wall

brain had been removed. We should note here that Mr. Kennedy had suffered an explosive type injury to the entire right side of his head, blowing out much scalp, skull, and brain matter. To remove his brain, the scalp had to be reflected back in the direction of each ear. Because of the extensive fragmentation of the cranium, this procedure caused all of the skull surrounding the gaping head wound to drop off, thus grossly distorting the original character of the wound (2H354). Finck, the only one of the surgeons with the competance to properly examine the margins of this wound to ascertain such information as if it were caused by one or more bullets and from which directions, did not see the body until after this vital evidence was destroyed. It is in fact hard to judge just how much of the original character of the wounds was distorted before Finck arrived. We can be sure, however, that the condition of the body when he saw it severely limited the information he could gather from it no matter how qualified an examination he conducted.

Thus, the entire autopsy begins on a sour, discouraging note. We find that the man in charge of the post-mortem examination was unqualified to perform the task at hand as was his assistant; neither man had any business being present at that autopsy--in any capacity. The autopsy of a President killed by assassin(s) bullets should be left to men skilled in the field of forensic pathology. The one person whose training could have salvaged the autopsy arrived at a time when Humes and Boswell had sufficiently botched up their task that only drastically limited information could be ascertained. This is neither a pretty picture nor a reassuring one, but it is only the beginning of a tale far more ugly.

The Autopsy

We are very limited in information concerning the actual proceedings of the autopsy. However, what we can know reveals that the incompetance of the autopsy surgeons played a major role in the manner in which they executed their task. The existing record is full of instances where the autopsy procedures were drastically away from the norm, where mistakes in the most basic steps were made.

When the President's body arrived at the Medical Center in Bethesda and before the postmortem examination was started, Dr. Humes supervised the taking of numerous photographs and X-rays of the head and torso(2H349). However, it is almost indespensible in cases of gunshot wounds not to have total body X-rays to refer to in hopes of locating bullets in the body. Humes' failure to do this reveals just how inadequat his examination was since without such X-rays he had no way of knowing if any missiles had worked their way into remote parts of the President's body. It was not until much later in the autopsy that, at the request of Dr. Finck, total body X-rays were prepared(2H364). This is a case where Dr. Finck was able to rescue the autopsy proceedings

before any irrevocable damage was done by the other two doctors.

In the case of the President's massive head wound, it is perhaps our most profound loss that someone like Humes was responsible for the examining. We should recall that the only ones to see this wound in its original state were Humes and Boswell who, inaall fairness, could probably not have made heads or tails of it. Although it is not certain just when the decision was made to call in Dr. Finck, we must wonder why Humes was in such a hurry to remove the President's brain and grossly distort the head wound before a competant man had the chance to examine it. In his testimony, Humes assured the Commission that he had made a careful examination of the margins of the gaping wound(2H353), even though he obviously did not have the experience to understand what he was looking at. Even more surprising is the fact that there is no record of histological slides being made from the periphery of this wound(16H988). Such slides surely would have left no doubt as to whether or not this was a wound of exit, not to mention how many bullets were responsible for it.

In conjunction with the head injuries is the subsequent examination of the brain, also conducted by Humes. We learn from a supplementary report prepared and signed solely by Humes himself on the brain and histological slide studies, that the brain was never cut into coronal sections(half-inch thick slices throughout the width of the brain)(16H987). This is appalling; here we have a case where the brain may have been struck by more than one bullet yet it was subjected to only the most cursory, uninformative type of examination. Without coronal sections there is no way of knowing the extent of damage to the inside of the brain--particularly to the left hemisphere.

The autopsy disclosed a small entrance wound in the President's upper back, probably just above his right shoulder blade. Obviously the bullet causing this wound had to have travelled to some point in the body since the doctors themselves contend that at the time of the examination, it was not known that there was any wound to the front of the body where such a bullet could have exited. Yet the X-rays revealed that the bullet was not inside the body. Humes did what was naturally to be expected in such a case: he probed the depth of the wound. However, he did this with his finger!! It is almost inconceivable that anyone with the least experience in forensic pathology could be so outright clodish as to probe a small bullet wound with their finger. We learn from a Secret Service agent at the autopsy that Col. Finck did later probe the wound with the proper instrument--a stiff piece of metal wire with a small bulb at the end(2H93). Again, this would well be another case where Finck was instrumental in putting the autopsy procedure into its proper form.

The doctors were apparently rather troubled about this entrance wound to the back. In giving its location, information which is essential to understanding the nature of the President's

wounds, they measured from the least reliable and certainly the most unorthodox reference points. Officially, the location of the wound is given as "14 cm. from the tip of the right acromion process and 14 cm. below the tip of the right mastoid process" (16H980). In layman's terms, this is about 5½ inches from the right shoulder and 5½ inches below the bottom of the right ear. An experienced forensic pathologist would never use reference points which are located on the most movable parts of the body. He would have positioned the wound in relation to the midline of the body and the level of a certain vertabra. Considering the fact that at the time of the shooting Mr. Kennedy was seated upright while at the time the measurements were taken he was lying face down, the difference in the relative positions of the body parts renders the doctors' measurements totally worthless.

There is such a great amount of controversy surrounding the the whole area of the back wound and a "path through the neck" that we will examine this aspect of the autopsy in more detail at a later time. For the present, however, the preceeding examples serve to show the throughly unprofessional nature of the century's most important autopsy. It is not surprising that such a bumbling autopsy did result considering the caliber of "experts" who were in charge of the examination. However, that this is the sole reason for the strange nature of the autopsy becomes increasingly less acceptable.

The Report

The story behind the final autopsy report of Commander Humes is perhaps one of the most bizarre in the annals of forensic medicine. Indeed, we will probably never know the complete story behind this report. What we do know is almost unbelievable in itself.

Commission Exhibit 387 is the final typed draft of the autopsy report written by Humes and signed by himself, Boswell, and Finck. Commission Exhibit 397 is, in part, the handwritten draft from which the typed version was supposedly prepared. (These two documents will hereafter be referred to as CE's 387 and 397 respectively.) We learn from the testimony that Humes did an apparently inexplicable thing with the original version of the autopsy report--not CE 397 which is actually the second version of his report. Humes testified:

> In privacy of my own home, early in the morning of Sunday, November 24th, I made a draft of this report which I later revised, and of which this represents the revision(CE 397). That draft I personally burned in the fireplace of my home. (2H373).

This is perhaps one of the frankest admissions in history. Whatever caused Humes to revise his original autopsy report, the reason was apparently important enough for him to make sure

that no one in the world could ever see the original draft. In the years since that fateful burning, many have speculated on what motivated Humes to destroy the original(the Warren Commission never bothered to ask Humes his reason). It seems, however, that Dr. Boswell may have inadvertantly provided us with the answer. Richard H. Lavine, under the persuation of Harold Weisberg, interviewed Boswell for the Baltimore Sun. In an article which appeared in that paper on November 25, 1966, Levine wrote a synopsis of his interview. Here is an interesting portion of that article.

> He (Boswell) pointed out that, at the time (of the autopsy examination), Oswald was still alive, and it was believed that the autopsy information would later called upon in court proceedings.

It is perhaps, in light of this statement, more than a coincidence that the revision and subsequent burning of the original autopsy report occured in perfect harmony with the death of Lee Harvey Oswald. By Boswell's own admission we see that the autopsy doctors were aware of the fact that their findings would be subjected to cross-examination at the trial of Oswald. With Oswald dead, there obviously could be no trial and thus no cross-examination. Humes in effect could have written anything in his report--no matter how far removed from fact--and not have faced the possible charges of perjury that a trial could have imposed.

This is a very serious charge for it directly challanges the integrity of the autopsy surgeons. Let us examine that revised draft of the autopsy report and see if it lends any substance at all to the possibility that it was changed in a way which could not have stood up in a court of law.

The handwritten as well as the typed draft begins with a section entitled "Cinical Summary." Being nothing of the sort, it begins by quoting a newspaper article from the Washington Post. Any sort of comprehensive medico-legal autopsy report does not include as part of the relevant findings newspaper accounts. The story itself serves immediately to bias the entire report for it tells of only three shots while other articles of that same day noted six or seven; it tells of a rifle being seen in a window behind the President even though many witnesses heard shots from other directions; it alleges that President Kennedy fell forward, implying a thrust from a rear shot, despite the fact that three movies show him thrown backwards.

Next Humes refers to his telephone conversation with Dr. Malcolm Perry, one of the doctors who attended the President at Parkland Hospital in Dallas. In the handwritten draft he reports that Perry noted a puncture wound of the anterior neck. Puncture used in reference to wounds is translated as entrance, an assumption directly opposed to the official autopsy finding that a bullet exited from that hole. Even more shocking is the fact that on the final typed version the word "puncture" has been

deleted and replaced with "second much smaller." Although Humes did much crossing out of words like "puncture" in his notes, there was no indication anywhere to change this particular description. The unauthorized revision which resulted completely changed the meaning of what Humes had originally written.

The remainder of the report goes on to discuss rather inadequately the situation of the President's wounds as observed at the autopsy. The interesting thing about the handwritten copy is that in no less than five instances, the word puncture has been crossed out when used in reference to entrance wounds. Also, in at least three instances, Humes has inserted "presumably" to modify his evaluations of wounds of entrance and exit. All of these changes in the longhand copy certainly do not make the report give the impression that Humes is confident of his findings. In a court of law, all of these factors would have cast serious doubts on the validity of the autopsy findings.

Just from the official published record it is apparent that much information was actually suppressed from the autopsy report (this is not taking into account what the Panel Report reveals). Included as a part of CE 397 are two pages of drawings prepared during the autopsy which depict to a limited degree the extent of the President's wounds. One of these is a top-view of a skull and shows some of the areas of damage present on Mr. Kennedy's head. This sketch shows a 3cm. area of fracture to the left temple region, the designation that the vomer (a thin bone in the nose) was crushed, and a fracture through the floor of the globe of the right eye. None of this information is included in the report itself which merely alludes to fracturing of the bone above the right eye, the supraorbital ridge (16H979).

Other suppressed information comes from different sources. The report of the two FBI agents present at the autopsy mentions a sizable fragment of metal "at the rear of the skull at the juncture of the skull bone."[4] There is no mention whatsoever in the autopsy report of this fragment which from the description seems to have been of sufficient size for recovery during the autopsy. Also, the supplementary autopsy report reveals that examination of histological slides from the periphery of the back wound showed "coagulation necrosis of the tissues" which is a sure sign of entrance. However, Dr. Boswell told Richard Levine that the same slides also showed "the presence of foreign substances such as fiber particles."[5] This too is positive proof of entrance yet it was inexplicably omitted from both the autopsy and supplemental reports.

Thus the autopsy report is no more assuring than the dubious qualifications of the doctors or the horribly inept manner in which the post-mortem examination was conducted. There is not one single characteristic of the report which would indicate that its authors were confident of what they were recording. Much information was suppressed from the report much of which would have served to technically back-up the findings (such as

the clinical proof that the back wound was one of entrance). Yet, if the doctors were willing to suppress information which lent support to their findings, it is only too obvious that they could just as easily have suppressed data which would run contrary to their conclusions. This is the document which bears upon it the responsibility for accurately and unbiasedly reporting the nature of President Kennedy's wounds. It is also the document we are forced to believe if we are to accept the findings of the Warren Report.

The "Path Through the Neck"

There is one case which is so perfectly illustrative of the completely unique manner in which the entire autopsy was executed that it deserves minute examination. It is the case of the "path through the neck", a tall pile of lies, distortions, contradictions, deliberate obfuscations, and utter nonsense upon which rests the whole substance of both the autopsy report and the Warren Report. We will examine this topic without the benefit of information supplied in the Panel Report; that will come later. For the time being let us restrain ourselves to those materials with which the Commission itself worked.

The first information concerning the autopsy findings was broadcast from the Baltimore to the Dallas office of the FBI sometime on November 23, 1963. Presumably, the information was gathered from the two FBI agents present at the autopsy, James Sibert and Francis O'Neill. The one page report of that broadcast(which was never published by the Warren Commission) states very plainly that a bullet had entered the President's back below the right shoulder and penetrated a short distance; there was reportedly no point of exit.[6]

Three days later, Sibert and O'Neill drafted a report which detailed what they observed at the autopsy. That report, also not published by the Commission but in its files, reitterates the findings expounded in the original broadcast. In both, reference is made to total body X-rays which disclosed that the missile which made this apparently short penetration inot muscle of less than two inches was not to be found anywhere in the body. Both reports also mention the speculation of Dr. Humes that this bullet could have worked its way out of the back if pressure such as external heart massage had been applied to the chest. To support this contention was information recieved during the autopsy that a bullet had been found on a stretcher at Parkland Hospital in Dallas.[7]

The two FBI agents were apparently satisfied that what they reported was accurate. Although they were not called to testify before the Commission, they were interviewed by Assistant Counsel for the Commission, Arlen Specter. In a two page memorandum of his interview dated March 2, 1964, Specter report essentially what was earlier broadcast to Dallas and drafted into the agents'

report. If anything, their observations are made more explicit. They recalled to Specter that both Humes and Finck, the qualified man, had made substantial efforts to determine what happened to to bullet which caused the back wound. One factor is brought up which previously was ambiguous; neither agent was certain of whether the speculation of the bullet falling out of the wound was advanced before or after receipt of the information about the bullet found at Parkland.[8]

The FBI also showed no doubts of what the two agents reported. In a lengthy, bound report of December 9, 1963, and in a supplemental report of January 13, 1964, the FBI stated clearly that a bullet entered the President's back just below the right shoulder and penetrated a short distance.[9] We should also note that several reliable sources reported this finding as one of the conclusions of the autopsy. Newsweek, Time, The New York Times, The Washington Post, and the Journal of the American Medical Association all carried similar stories (the Times did so twice) between December 18 to January 26.[10]

So far, this information has originated from agents Sibert and O'Neill. From other witnesses at the autopsy, we can readily obtain corroboration for their story. Two Secret Service agents were also assigned to be present throughout the examination. Both testified before the Warren Commission and both provided accounts similar to what the FBI agents reported. Roy Kellerman testified that Finck probed the back wound and was able to find no lanes for an outlet(2H93). Similarly, William Greer could recall nothing being said about a channel being present in the back wound for the bullet to have gone through(2H127). Both men likewise confirmed the speculation that the bullet might have dropped out onto the President's stretcher at Parkland.

All of this information persuades us to assume that, at the time of the autopsy on Friday night, it was the theory of Humes and Finck that a bullet had entered the President's back and penetrated a short distance into muscle; this bullet apparently worked its way out of the body, possibly with the application of pressure to the chest wall. My use of the word "theory" here is euphamistic. Surgeons performing a medico-legal autopsy (especially one as important as on the President of the United States) simply do not let a body pass through their hands when merely a theory is being entertained; the whole purpose of the autopsy is to avoid such theorizing and establish fact. This, while beyond the experience of Humes, should have been recognized by Finck who was a forensic pathologist. Furthermore, from the four government agents present during the entire autopsy, we have no indication whatsoever that anything other than a short penetration into the back muscle was considered.

I have used the word "theory" in light of a major conclusion of the official autopsy report, the one drafted two days after the examination when none of the government agents could have in on the hypothesizing. That report states explicitly that the bullet which entered the back completely transversed the neck and

exited through the front of the throat(16H983). It is difficult to say exactly what caused the autopsy doctors to have such a change of heart as to so significantly alter their original findings. Was there any valid reason for the change?

Dr. Humes indicated in his testimony that the wound of the anterior neck which he postulated as the point of exit of the back wound had been obliterated by a tracheotomy performed by Dr. Perry at Parkland. According to Humes, it was not until the day after the autopsy when he called Perry to confirm that a tracheotomy had been performed that he learned of a wound to the front of the neck(2H361-362). Obviously, he was left with a new wound to explain in his final report. With the President's body out of his hands, we must wonder just how competant Humes was to account for the throat wound. Unfortunately, he did as bad a job of explaining this wound as he did in performing the entire autopsy.

To begin with, Perry told Humes that the anterior wound was one of entrance. This, although vehemently denied by all members of the Commission, is a fact reported in Humes' written draft but changed with no apparent sanction in the "official" typed version. Humes writes that Perry described the wound as "a puncture wound", synonomous with entrance. This, of course, is inconsistant with the official contention that the wound was one of exit. The Commission had further proof that this was not an exit wound, at least not of a whole bullet. Tests performed with what is alleged to be the murder weapon produced exit apertures 10 to 13mm. in diameter in simulants for the human neck(17H846). Every doctor who saw the wound in its original form in Dallas unanimously reported that it was from 3 to 7mm. in diameter(6H3,9,15,42,53).

Even assuming the already tenuous assumption that this was an exit wound, its size precludes its being caused by anything larger than a rather tiny fragment of bone or metal. Such a fragment could have come only from the explosive shot(s) to the head. However, I am informed by reliable sources familiar with ballistics that a small fragment could not possibly possess enough velocity to penetrate the base of the skull, the sinuses, and the musculature of the neck. We are forced here to allude to information disclosed in the Panel Report, namely that there were no openings in the base of the skull which could have been produced by the passage of a missile. Both of these factors render the "fragment theory" a physical impossibility.

Humes was not about to say that there was an entrance wound to the front of the President's body although he had already alluded to it in relating what Perry told him. This would mean that at least two gunmen were involved in the murder, one firing from in front of the deceased. Yet is we properly analyze his original theory, that a bullet had penetrated a short distance into the back, we can see that this too was an admission of more than one assassin. Such a wound could have been caused only by a bullet travelling at a very Low velocity.

However, the massive head wound was obviously the result of a high velocity projectile or projectiles. Humes could not possibly have explained the difference in the wound characters if he was to assume that both were caused by bullets from the same rifle. There was no alternative; a high velocity projectile entering the back and striking no bones would not suddenly stop short--there would have to have been a continuous path. What better place for the bullet to have exited than through the anterior neck wound which Humes maintains he did not see and therefore could not evaluate?

A very interesting exchange took place between Humes and Commission membdr John J. McCloy during the testimony.

> Mr. McCloy: I am not clear what induced you to come to that conclusion if you couldn't find the actual exit wound by reason of the tracheotomy.
> Comdr. Humes: The report which we have submitted, sir, represents our thinking within the 24-48 hours of the death of the President, all facts taken into account of the situation.(2H368)

It would be more than interesting to know just what "facts" were taken into account. Certainly not the fact that Humes was told that the front neck wound was one of entrance.

"The wound of the anterior portion of the lower neck is physically lower than the point of entrance posteriorly, sir," Humes went on to say(2H366). So what? Does that mean that there was a path between the two wounds, especially in light of the fact that "substantial" efforts at the autopsy could find no such path? And was the back wound actually higher than the front neck wound? Humes was referring to a body lying down when the shoulders compress and the head is pushed back, when the unreliable measurements he took although possibly locating a wound of the neck on a man sitting up clearly define a location on the back of a body in autopsy position. And why, while we are on this point, does a sketch made during the autopsy show a wound to the back as opposed to the sketches prepared for the testimony which conveniently raise that wound at least three inches into the neck, inconsistant with the doctors' own measurements? Why are the holes in the back of the President's coat over 5 inches below the top of the collar? And why also did every reporting witness at the autopsy save the blasphemous trio themselves report the wound as being in the soft shoulder muscle in the back, not the neck? These questions may seem unnecessarily firey, but they have been asked over and over again and have never been adequately answered; they deserve answers.

This is not the complete story of how the "path through the neck" was deduced, inferred, or invented. It is also not the ugliest part of that story.

During the autopsy Humes noted bruising of the internal parts of the President's neck such as contusions to the very top of the right lung and some of the muscles in that area. As described by Parkland doctors, the extensive bruising to the muscles of the anterior neck were in no way consistant with the orderly path postulated in the autopsy report. We learn something even more shocking from a memorandum written by Arlen Specter of an interview with Humes and Boswell conducted prior to their testimony. Specter writes:

> They noted, at the time of the autopsy, some bruising of the internal parts of the President's body in that area but tended to attribute that to the tracheotomy at that time.[11]

This in itself serves to refute the evidence cited in the final report as indications of the "path"--the internal bruising. However, in his testimony five days subsequent to the interview, Humes swore:

> It, therefore, was our opinion that the missile while not penetrating physically the pleural cavity ...bruised both the parietal and the visceral pleura (2H363)...We were able to ascertain with absolute certainty that the bullet had passed by the apical portion of the right lung producing the injury which we mentioned.(2H367)

Humes told Specter that this bruising was originally associated with the tracheotomy; he testified under oath that the bruising was associated with the passage of a missile. This is perjury; this is the way the "path through the neck" was formulated and subsequently shoved down the public's throat as part of a ridiculous case that one lonely, demented assassin murdered President Kennedy; it is part of the essence of the Warren Report.

I will not go into discussion here over whether there really was a continuous back to front path through the President's neck. I will state without hesitation, however, that the autopsy doctors invented this for reasons unknown and until disclosed subject to the utmost suspicion. It is more than obvious that the doctors as of Friday night postulated a short penetration into the soft muscle of the back; even Humes himself admitted this to the Commission(2H367). Yet in their written report two days later(a revised version with the original burned), they state a different conclusion, a conclusion which they had no means of supporting and actually had to distort evidence to make even tenable. Worse yet, Humes perjured himself on one of the essential points of his preposterous path. Certainly, the story of the path through the neck reveals the true character of the President's autopsy and its executors. It is an ugly story,

ugly in that it bears significantly on the way the President's murder was investigated, ugly in that it involves some of the most honorable men in the country, ugly in that it has been left this way for over five years by the Government of the United States.

CHAPTER II

THE PANEL REPORT

On January 16, 1969, Attorney General Ramsey Clark released the report of a secret panel of experts who had, in February, 1968, examined the photographs and X-rays of President Kennedy's body taken during the autopsy. It is no coincidence that the release was made on the eve of court proceedings instituted by New Orleans District Attorney Jim Garrison to have the long suppressed autopsy material sent to Louisiana for use in the trial of a man charged with conspiring to assassinate President Kennedy; the move was a panicy blunder on Clark's part to prevent Garrison from getting these pictures and X-rays. As soon as the report was amde public, the mass media went all out in proclaiming that this document said the autopsy findings as set forth in the Warren Report were correct. This may be true, but it is also deceiving--one ofthe many deceptions issued by the mass media against those who dare to challange the official story of President Kennedy's murder.

On the very first page of the Panel Report, it is written that at the request of Attorney General Clark, four physicians met in Washington, D.C. on February 26 and 27,11968 to examine various photos, X-rays, and other evidence pertaining to the death of the President, "and evaluate their significance in relation to the medical conclusions recorded in the Autopsy Report..." This is where the deception lies. To evaluate the significance of evidence in relation to conclusions already conceived is to examine evidence with a bias, with the deliberate purpose of finding certain things. The Panel Report never states if it were to report data contrary to the conclusions of the autopsy report. Even more deceiving is the word "conclusions." Does this mean that the photographs and X-rays were not to be evaluated in relation to the observations set forth in the autopsy report? Are not conclusions based on observations? In essence, what the Panel is telling us in the very first paragraph of its report is that it was to look at the material made available to it and see if there wereany support for the conclusions stated in the official autopsy report. Yet, despite its final claim that the materials it examined "support" the autopsy conclusions, the Panel included in their report much, even too much, evidence which in no way supports the official findings.

The four physicians comprising the Panel were Dr. William Carnes, Dr. Russel Fisher, Dr. Alan Moritz, all competant forensic pathologists, and Dr. Russel Morgan, a radiologist. I can profess no direct knowledge of the integrity of these men but I have been given no reason to believe that in their fields, they are not extremely proficient, competant men. However, all are employed by institutions which rely heavily on govern-

ment funds. On June 25, 1969, I received a letter from a reliable fellow researcher who reported the following: "On the word of someone who knows three of the Panel doctors personally and well, I know that they are close to the military establishment(indeed dependent on it) and they would do...what they were told." Ties with the government and/or military do not necessarily mean that the Panel doctors were controlled by the country's higher echelons, but it is a reason for regarding the Panel Report with caution. Humes, Boswell, and Finck, whose report exhibits more inconsistancies than can be reasonably attributed to incompetance, were all employees of the federal government; all worked for the military establishment.

I have been given a very good reason to look upon the Panel Report with suspicion. One of the outstanding, most important portions of the Panel Report deserves to be quoted here:

> No one of the undersigned has had any previous connection with prior investigations of, or reports on this matter, and each has acted with complete and unbiased independence free of preconceived views as to the correctness of the medical conclusions reached in the 1963 Autopsy Report and Supplementary Report.

This apparent clean bill of health given to the Panel by the Panel is actually irrelevant in light of the first paragraph of their report which states that they were to work with a bias. The whole purpose of the Panel was to substantiate a preconceived view. Nevertheless, we are left with the line stating that "each has acted with complete and unbiased independence..." I was told of information which goes contrary to this claim. The information involved Dr. Cyril Wecht, one of the country's most distinguished forensic pathologists; Wecht, a well known critic of the autopsy report, has had published several of his objections to the Warren Report. I wrote Dr. Wecht about the information I had received and asked him to comment on its validity. His reply should adequately inform the reader on the incident in question.

> ...the information that you have is quite true. At the Annual Meeting of the American Academy of Forensic Sciences held in Chicago in February, 1968, I was extensively questioned by one of my colleagues concerning various aspects of the Warren Commission Report and most particularly, the autopsy and related scientific materials. It was not until one year later, when the report of the "Impartial Review Panel" was released, that I learned that this gentleman had been scheduled to participate in the panel review within a few days after our meeting in Chicago.

"Acted with complete and unbiased independence?" I would

hardly be willing to regard this statement as sincere or honest in light of what Dr. Wecht informed me. Quite frankly, I was appalled as should any other person interested in truth be upon learning of such an incident. This knowledge casts a dim light over the entire Panel and its report and brings up the ugly question of the Panel's motives and integrity.

There is much in the Panel Report, in its deceptive and evasive language, that I do not feel qualified to analyze. However, I can in most instances discern what the Panel is saying of its examination of the photos and X-rays. These observations can be compared with those of the autopsy report and its executors. This I have done; I was shocked at what I found.

The bulk of the Panel Report begins on the seventh page where there is discussion of photographs of the President's badly blasted head. The very first paragraph reports information which was never mentioned in the official autopsy report. Referring to the entrance wound to the back of the President's skull, the Panel says: "The margin of this wound shows an ill-defined zone of abrasion." The autopsy report gives only the size and proported location of this wound in addition to the ambiguous adjective "lacerated"(16H981). It is common knowledge in forensic pathology that the zone of abrasion around a wound is a vital factor in determining the nature of the wound. Thus, a conspicuous omission from the autopsy report the significance of which is not mentioned by the Panel.

Paragraph two is no more reassuring than the autopsy report.

> Photographs...show the head of the head with multiple gaping irregularly stellate lacerations of the scalp over the right parietal, temporal and frontal regions.

This says very basically that the scalp was very irregularly torn over the right <u>front</u> and side of the President's head. Here is the autopsy version.

> There is a large irregular defect of the scalp and skull involving chiefly the parietal bone but extending somewhat into the temporal and occipital regions. (16H980)

Translated: there was a hole in the scalp and skull on the right side of the head extending slightly into the <u>rear</u> of the head. Were the autopsy doctors and the Panel doctors looking at different heads? I think not. The failure of the Panel to mention slight occipital(rear) damage is understandable; why the autopsy report makes no reference to the frontal damage is as of now unexplained. (There will be more on this later.)

On the next page of the Panel Report is discussion of photographs of the President's brain. This consumes two paragraphs. The Panel was mathematically consistant; while the first paragraph contains no "surprises," the second contains two.

> The left hemisphere is covered by generally intact arachnoid with evidence of subarachnoid hemorrhage especially over the parietal and frontal gyri and in the sulci.

In other words, there was hemorrhage(bleeding) over the front and left side of the brain. This type of damage is called "contre-coup"--damage which has resulted from the force of the shot, not directly from the missile itself. What does the supplemental autopsy report on the brain examination say of this?

> There is marked engorgement of the meningeal blood vessels of the left temporal and frontal regions with considerable associated sub-arachnoid hemorrhage.(16H987)

The autopsy report then is mentioning such damage only to the front of the brain; it has omitted an area of hemorrhage over three inches in diameter to the left side of the brain. Thus it has significantly altered the pattern of damage resulting from the force of the fatal shot(s); this can serve only to create a false impression of the true picture of what happened.

In that same paragraph the Panel describes a wide channel of laceration to the entire right side of the brain. In the central portion of the base of this gaping laceration "there can be seen a gray brown structure measuring approximately 13 x 20mm. Its identity cannot be established by the Panel." There is not a single reference to this structure in either of the autopsy reports or the testimony of any autopsy doctor. What was it? Such suppression by the autopsy surgeons can be regarded only with the utmost suspicion.

Next the Panel discusses photographs of the President's torso. Mentioning forst the back wound, the Panel Report adds a much needed perspective as to the wound's position; it gives the distance from the center of the body, a fact from which the autopsy report is kind enough to spare us. Of the back wound, the Panel also states the following:

> A well defined zone of discoloration of the edge of the back wound, most pronounced in its upper and outer margins, identifies it as having the characteristics of the entrance wound of a bullet.

Again, here is information about the margins of the wound which the autopsy report is unexcusably silent on. This is vital information in investigating bullet wounds. Its omission from the autopsy report in this case is not indicative of evidence

contrary to the official findings; it is a stark commentary, however, on the thoroughly unprofessional nature of the entire autopsy report--a report which would have been scoffed at in any court of law.

Now the Panel reports its observations of the anterior neck wound. Here is one of the shockers, one of the interesting tidbits the Panel provides which blast the autopsy into a thousand pieces incapable of ever being reconstructed. Here is what the Panel says of the anterior neck.

> At the site of and above the tracheotomy incision in the front of the neck, there can be identified the upper half of the circumference of a circular cutaneous wound the appearance of which is characteristic of that of the exit wound of a bullet.

Shocking news! Let us look at Humes' side of this affair. In his report, Humes writes:

> ...however it(the anterior neck wound) was extended as a tracheotomy incision and thus its character is distorted at the time of autopsy.(16H981)

Remember from the previous chapter that one of Humes' chief "cop-outs" in inventing his path through the neck was his insistance that the wound of the anterior neck had been obscured by the tracheotomy incision. Even though Perry had told him this was an entrance("puncture") wound, he was able to hide behind the story that he did not see it and therefore could not test it or evaluate its character. Humes testified:

> Mr. McCloy: May I ask this: In spite of the incision made by the tracheotomy, was there any evidence left of the exit aperture?
> Comdr. Humes: Unfortunately not that we could ascertain, sir. (2H369)

True, the record stands that Humes could not ascertain any evidence of an exit aperture on the front of the neck, but what is to be said of him if he found evidence of the opposite?

Let us not be fooled by Humes' invention that the incision made by Dr. Perry in attempting to save the President in Dallas obscured the tiny anterior wound. Clean surgical incisions do not obscure or even "distort" wounds. Perry cut the wound in half and that is all he did. The wound was still there and could have been reconstructed in total if the edges of the skin were lined up. It was plainly visible to the camera which took the pictures seen by the Panel and it should have been just as visible to Humes despite his incompetance. He was not blind; he obviously had to get close enough to the wound to measure the incision to a .5cm. And Arlen Specter, the attorney responsible for this mess is not to go without blame. A week after

Humes testified, Specter adduced the following testimony from one of the doctors at Parkland who saw the President after the tracheotomy had been performed.

> Mr. Specter: Did you observe any wounds on him at the time you first saw him?
> Dr. Akin: There was a midline neck wound below the level of the cricoid cartilage, about 1 to 1.5 cm. in diameter, the lower part of this had been cut across when I saw the wound, it had been cut across with a knife in the performance of the tracheotomy. (6H65, emphasis added)

If Dr. Akin could have seen the wound after it was incised and in spite of the turmoil at that operating table, then is it too much to assume that Humes could have missed it in the relaxed, acasemic atmosphere of an autopsy? Furthermore, the Panel and Dr. Akin both describe an incision at the bottom of the wound thus exposing even more of its original form.

This is ugly. If Humes is right about the anterior neck wound being one of exit, then he perjured himself by saying he could ascertain no traces of it; the Panel tells us unequivocally that there were traces of a wound. Even worse, Specter, who adduced testimony that the wound was visible, made no efforts to have Humes set the record straight. What a sad commentary on these whole shenanigans; it confirms what we had earlier assumed without the benefit of knowledge contained in the Panel Report.

The Panel does not walk away from this with clean hands either. "...the appearance of which is characteristic of that of the exit wound of a bullet." Why does the Panel in this one and doubtlessly most important instance fail to mention the characteristics to which it addressed itself? Does it mean the size which, as estimated by Parkland doctors, was smaller than the back entrance wound? No, exit wounds are characteristically larger than entrance wounds, and the Commission's own tests proved that. Does it mean the surrounding tissue damage also reported by Parkland doctors? No, this, a characteristic of antrance wounds at long range, could not be duplicated by the Commission's tests either. Just what does the Panel mean? It means to deceive. The Panel had the doctors' testimony at its disposal; it was knowledgable in exit wound characteristics. We do not need the Panel to repeat what the Parkland doctors tell us over and over again: the anterior neck wound had all the characteristics of entrance. The Panel's irresponsible statement quoted above is, I am sorry to report, a deception tantamount to a lie.

The second portion of the Panel Report is devoted to descriptions of X-rays of the President's body. In its first portion, as we have seen, the Panel inadvertantly subjected that frail autopsy report to numerous small electrical jolts and

finally to one so destructive that it turned the whole thing into a pile of ashes. In this section, it scatters those ashes in the wind.

This new section beginds with X-rays of the President's head. Let us take the first paragraph sentence by sentence. "There are multiple fractures of the bones of the calvarium (skull) bilaterally." Bilaterally means on both sides. This is an interesting fact never directly mentioned in the autopsy report although it is in certain ambiguous ways implied.

> These fractures extend into the base of the skull and involve the floor of the anterior fossa on the right side as well as the middle fossa in the midline.

Fractures in the anterior base of the skull. Again, not a single word about this in the autopsy report. Again we ask only to go unanswered, "Why?"

> With respect to the right fronto-parietal region of the skull, the traumatic damage is particularly severe with extensive fragmentation of the bony structures from the midline of the frontal bone anteriorly to the vicinity of the posterior margin of the parietal bone behind.

Let us recall what we briefly mentioned in reference to frontal damage to the skull earlier in this chapter. This sentence is the ulincher. It says in layman's terms that the large defect in the head extended from the middle of the forehead in front to just behind the right ear. The autopsy report failing to mention any frontal damage whatsoever has suppressed at least 3 to 4 inches of skull damage. Such an ommission is, as are all the others, inexcusable. Even more disturbing, it is unexplained.

> Above, the fragmentation extends approximately 25mm. across the midline to involve adjacent portions of the left parietal bone...

Can we take any more of this? Now the Panel is telling us that the defect which those autopsy doctors tried their best to keep on the right side of the head extended 25mm. into the left side on top. What kind of nonsense is this? It is not the Panel Report who is lying or covering up for they are the ones with the least motivation to do so; there is even photographic evidence in movies of the assassination to support their observations. It is the autopsy doctors who are wearing the black hats in this story.

The next three paragraphs deal with the metal fragments in the President's head. The first, a brief summary, places the majority of fragments "anteriorly and superiorly." In front

and above, a piece of information vital to knowing just how the President's head was struck; it is not to be found in the autopsy report. Also suppressed from the autopsy report but included here in the Panel Report is the observation that there were no metal fragments below or to the left of the right half of the brain. This is carelessness; it actually adds strength to the tenuous conclusions of the autopsy report.

Skipping down a paragraph for clarity, we get the best existing description of the fragments in the head--their size and distribution. The Panel was able to divide these fragments into two groups. One was composed of relatively large fragments randomly distributed. The other consisted of "finely divided fragments" distributed in a region 8mm. wide and 45mm. long. According to the Panel, it "ends" about an inch above and to the right of the right eye. Why "ends"? All paths can go in two directions. Couldn't the path of fragments begin there? This is a major deception. The Panel for what it includes in its report had no basis for making such a judgement; it is irresponsible, yes, but it serves to imply that there could have been no other direction for anything in the President's body to have moved except in that "posterio-anterior" manner--the only direction known to the autopsy surgeons, the Warren Commission, the government, and the Panel members.

The paragraph we skipped was one of those "two-in-one" deals: two surprises in one paragraph. The shock of the first "surprise" is cushioned by information contained in the Sibert-O'Neill autopsy report. In discussing the metal in the President's head, the two FBI agents mention that "the next largest fragment appeared to be at the rear of the skull at the juncture of the skull bone." There is no mention of this fragment in the autopsy report and because of the limited information prior to the release of the Panel Report, it was impossible to evaluate the significance of this ommission. Here is what the Panel adds to our knowledge:

> Also there is, embedded in the outer table of the skull close to the lower edge of the hole, a large metallic fragment which...lies 25mm. to the right of the midline. This fragment as seen on the latter film is round and measures 6.5mm. in diameter.

A 6.5mm. fragment on the lower and outer edge of the entrance wound in the skull. Besides being omitted from the autopsy report, this fragment was lied about to the Commission by Humes. Two small bullet fragments were removed from the head in that area just behind the right eye. Humes testified about this.

> ...I would say between 30 or 40 tiny dustlike fragments of radio opaque material, with the exception of this one I previously mentioned which was seen to be above and very slightly behind the right orbit..we attempted to further examine the brain, and

> seek specifically this fragment which was the one we felt to be of a size to permit us to recover it. (2H353-354, emphasis added)

Humes, referring to his notes, then saw that there were actually two fragments in that location. But they were not the only ones in the head which would have allowed recovery. Humes could have removed the 6.5mm. fragment from the back of the head with his thumbnail! There is no mention anywhere of this fragment being removed and if it were, it had been suppressed from the evidence.

The most important piece of information in this paragraph concerns the position of the entrance wound on the head. First let us see where the autopsy report places this wound.

> Situated in the posterior scalp approximately 2.5cm. laterally to the right and slightly above the external occipital protuberance is a lacerated wound. (16H981, emphasis added)

The external occipital protuberance is a bony protrusion at the posterior base of the skull. According to the autopsy report the entrance wound was 2.5cm. to the right and slightly above this point. Dr. Humes even testified to this fact before the Warren Commission(2H351). Basically, this means that there was a wound in the back of the head. Here is the Panel's version:

> ...a hole...can be seen in profile approximately 100mm. above the external occipital protuberance.

100mm. above? That is four inches; it in no way can be taken to mean "slightly above" or anything of the sort. A wound four inches above the external occipital protuberance is located at the top of the head in the rear. This is clearly an obfuscation on Humes' part. His inexcusably vague word "slightly" enabled him to assert something which was not true, that the entrance wound in the head was in the back of the head. It was not; without a doubt, it was on the top of the head. Such a change completely invalidates the pattern of damage to the head the autopsy doctors would have liked us to believe.

The Panel ends its observations of the actual autopsy material with an extremely brief discussion of X-rays of the President's neck region; there are only 13 lines of type in this section. However, what is disclosed is, in my opinion, is the most shocking of anything else in the entire report; I feel that it is also the most effective destruction of the autopsy surgeons and what they tried to pawn off as a medico-legal autopsy. This is the clincher; note the second sentence.

> Subcutaneous emphysema is present just to the right of the cervical spine immediately above the apex

of the right lung. Also several small metallic fragments are present in this region. (emphasis added)

Thus, the Panel states incontrovertably that there were metallic fragments in the President's neck. A different story was told to the Commission under oath by Dr. Humes.

> I mentioned previously that X-rays were made of the entire body of the late President. Of course, and here I must say that as I describe something to you, I might have done it before or after in the description but for the sake of understanding, we examined carefully the bony structures in this vicinity(the neck area) as well as the X-rays, to see if there was any evidence of fracture or of deposition of metallic fragments in the depths of this wound, and we saw no such evidence, that is no fracture of the bones of the shoulder girdle, or of the vertical column, and no metallic fragments were detectable by X-ray examination. (2H361, emphasis added)

We can hardly imagine testimony more explicit, a rare occurance from the man who provided so many eliptical answers. Humes told the Commission as clear as day: **no** metal was visible in the X-rays of the President's neck. And the Panel tells us just as clearly: there were fragments. Humes once again perjured himself. This perjury, however, is so flagrant, so careless, that it simply baffles the imagination. It came from the lips of the man charged with conducting the President's autopsy, the man whose report served as the major basis for the entire Warren Report.

The remainder of the Panel Report is devoted to showing that "the photographs and X-rays discussed herein support the above-quoted portions of the original Autopsy Report and the above-quoted medical conclusions of the Warren Commission Report." It is essentially unremarkable in that it exhibits the same ignorances which composed the autopsy report and dominated the thinking of its executops.

About the head wounds, the Panel notes that the absence of metal or penetrating injury to the left side of the head or the base of the skull "eliminate with reasonable certainty the possibility of a projectile have passed through the head in any direction than from back to front..." The Panel here does not address itself to the possibility that an exploding-type projectile hit the right front of the head. Such an occurrance would not have produced damage the absence of which, according to the report, is support for the autopsy findings. At any rate, the insertion of "with reasonable certainty" gave the Panel just enough room to back out of its assumption should it ever be pressured to do so. There is also the careful

choice of words in "a projectile." Here the Panel seemsto be working under the assumption that only one bullet struck the head; if so, it is right. It saw an entrance wound to the posterior region of the head and rightly assumed that a bullet must have entered the head from the rear and travelled toward the front. This accounts for a bullet. Did yet another bullet strike the head and travel in a direction other than that postulated in the autopsy report? The Panel Report does not say.

On the path through the neck, the Panel Report is somewhat confusing, at least misleading. The report states:

> There is a track between the two cutaneous wounds as indicated by subcutaneous emphysema and small metallic fragments on the X-rays and the contusion of the apex of the right lung and laceration of the trachea described in the Autopsy Report.

None of this indicates a track through the neck and the members of the Panel knew it. In forensic pathology, tracks are not found and paths traced by playing "connect the dots." This is the game the autopsy surgeons played. Yet if we recall the purpose of the Panel-- to evaluate the evidence in relation to the medical conclusions--we can see the meaning of this sentence. The track described by the Panel is a "track" in relation to the autopsy report, not true forensic pathology. Then, as if to pat the autopsy surgeons on the back, the Panel says:

> The possibility that this bullet might have followed a pathway other than the one passing through the site of the tracheotomy was considered. No evidence for this was found.

Tricky language. The possibility that the bullet which entered the back followed any course other than through the anterior neck was considered. Fine, but why was it not considered that a bullet could have entered through the front neck? I can believe that the Panel found no evidence to support the very specific possibility that it considered, but because of its own cautions, I would not expect it to have found such evidence. It writes:

> Although the precise path of the bullet could undoubtedly have been demonstrated by complete dissection of the soft tissue between the two cutaneous wounds, there is no reason to believe that the information disclosed thereby would alter significantly the conclusions expressed in this report.

This is what should have been emphasized from the start: the only valid way to trace a path is to dissect it completely. The failure on the part of the autopsy surgeons to do this gave the Panel doctors the perfect way out of anything they said. Perhaps no evidence was found that the rear entering bullet lodged in the President's back as was originally postulated at the

autopsy. However, quite basically, without dissection of the bullet's path, such evidence would not have been available to the Panel. It is the other possibilities to which the Panel sought not to address itself that go unanswered.

Recently, I received a letter from one of the members of the Clark Panel. He told me that "we(the Panel) were in no way restricted concerning information we might find and conclusions we might draw contrary to the autopsy report." This is an interesting statement and one which is appropriate for my closing comments on the Panel.

The first part of the statement is false and serves to bring out one of the biggest shortcomings of the Panel. The Clark Panel was most certainly restricted concerning information it could find whether it be congenial to the autopsy findings or not. The Panel's inventory of the photographs and X-rays it examined fails to list many important items. These were either denied to the Panel or are unfortunately nonexistant. There is no mention of photographs of the front of the President's neck even though there was an important wound there. Pictures of that wound viewed by the Panel were merely sideviews. Nor is there mention of right lateral head X-rays despite the fact that the wounds were on the right side of the head. The only lateral view submitted to the Panel was taken from the left side. Also, all of the chest/neck X-rays seen by the Panel were anterior-posterior views. With the question of a path through the neck and the knowledge of fragments in the neck, it is disgusting that lateral X-rays were not made a part of the Panel's material; such views would properly show the distribution of the metallic fragments in that area. None of this is the fault of the Panel itself. However, we should bear in mind that the Panel could judge only that which it saw.

The second part of the statement includes the qualifying clause "contrary to the autopsy report." Obviously, the Panel disclosed a wealth of information contrary to that report; this has been the burden of the discussion in this chapter. As far as drawing conclusions contrary to the autopsy report, the Panel chose not to do this. It is not fair to assert that the Panel members were ordered not to do so as is clearly refuted in my letter. The important thing to bear in mind is that it was not specifically their purpose to do this. All that the Panel did do in respect to formulating conclusions counter to those of the autopsy report was to imply that they saw no evidence to warrent such.

We must be cautious of implications; they are often deceptions. I think there is no document which shows better just how deceiving was the official autopsy report than the Panel Report itself. Yet, even that report is deceiving. It appears to be a frank corroboration of the official findings; it was seized by the mass media as being just that; and the public who read the

newspapers and listened to television, who will never read the Panel Report, will think just that. The formation of the Panel, its work, the issuance of its report--they are all deceptions. It is sad that such devices are used in response to waves of doubt arising over the Warren Commission's findings. But, alas, these too are deceptions.

CONCLUSION

I anticipate that the reader will view this paper as unnecessarily negative in its approach toward the President's autopsy. It is, however, very unfortunate that there is no positive side to the autopsy. There are no "ggod points", no areas for excuse, no instances where it can be said that Commander Humes came evan close to adequately performing his vital task. In short, we are confronted with an entirely unacceptable autopsy--unacceptable in a court of law, unacceptable as the final word on the President's wounds, unacceptable as the basis for the Warren Report.

Whytwas an incompetant man chosen to perform the most important autopsy of the century? And why was his assistant equally as inept? Why, if a qualified man was summoned by Humes to assist in this endeavour, was the President's brain removed so hastilly? Perhaps, and I doubt this, there are reasonnable answers to these questions. Even so, we are left with a yet more perplexing question. Why was this not considered by the Warren Commission? Its members and staff lawyers were not idiots; they were highly capable men with years of experience in law behind them. Surely they could not have missed such obvious faults in the autopsy report, the central piece of evidence of the crime.

No lawyer would have dared enter into evidence in a court of law an autopsy report such as that drafted by Humes. This report breaks just about every precedent in forensic pathology. Had this been the case of a skid row bum shot to death in the gutter, a competant, thorough, and comprehensive autopsy report would have been demanded in court. Was such a report, such an autopsy, too good for the President of the United States?

Too many questions remain about the autopsy. These are questions which no matter how well answered or explained away could never salvage the Warren Report; it was the Commission's duty to see that these questions were answered. Yet the Commission met each inconsistancy, each lie, each question with a standard reply: silence. When Humes admitted that he had burned the original autopsy report, not one Commissioner saw fit to ask that one simple question--"Why?" When Arlen Specter introduced into evidence the hand-written autopsy draft and the typed version as identical documents, no one was there to bring out the fact that the word "puncture" had been mysteriously omitted from the official version thus altering the evaluation of the front neck wound as described by Dr. Perry. Each time Humes cautioned the Commission that the photographs and X-rays were more reliable than his own "humble verbal description," not one of those men familiar with the proper legal proceedures suggested obtaining the pictures; they knew this was the only evidence acceptable in court. When Humes declared under oath, "We were able to ascertain with absolute certainty that the bullet

had passed by the apical portion of the right lung..," it was not mentioned to him that 5 days earlier he had told Specter a different story, that Perry's scalpal had passed over this portion of the lung; this was perjury. The man charged with supervising this crucial autopsy commits an act punishable by imprisonment and not one Commissioner so much as blinks an eye!

This is too much. If we are to accept any aspect of the autopsy report, then not one of the above mentioned criticisms should have been allowed to exist. This is the basis of the Warren Report, it is the manner in which President Kennedy's murder was investigated, and it is one of the tenuous shreds of evidence that we are asked to accept if we are to regard the official story of the assassination as the truth. I say this is nonsensical. No reasonable man should have to stopp so low as to stand for such nonsense. We must open our eyes and recognize the horrible fraud this government has perpetrated. It is time that we demanded answers.

Let us not forget the Panel Report for that deceiving document intended as an "answer" was itself nothing more than an official obfuscation; it added another block to the tower of corruption that has been constructed. The Panel has handed to us on a silver platter the most explicit reasons for rejecting what was shoved down our throats as an autopsy, as a representation of the truth, as the product of the labors of "honorable" men.

The most apparent surprises contained in the Panel Report concern the many facts suppressed from the autopsy report. Such suppression is, in my view, tantamount to unforgivable corruption. Often, the significance of the facts revealed by the Panel is subdued by the fact that such information was absent from the official record. Yet how often is this new information in opposition to the autopsy report conclusions? Does it even matter, though? I can see no reason for any suppression at all from such a vital report.

I wish I could stop at the already ignominious charge of suppression. However, the Panel Report discloses other instances where Humes committed perjury. The Panel makes it undeniably clear that the front neck wound of the President was discernable, visible, unobliterated, and obvious; Humes swore that he could ascertain no traces of it. Perjury. The Panel discloses the presence of "several small metallic fragments" in the neck region; Humes swore that there were no fragments at all in this region. More perjury. To this we can add the perjurious statement cited earlier.

Incompetance is an unfortunate charge; suppression is an ugly charge; perjury is a disgusting charge. Yet these are all charges which the evidence forces us to make at Commander Humes. Perhaps a court of law should have the final say in this matter, but presently I am guided by my own judgement. I

can see no other conclusion than this: that the autopsy surgeons were corrupt, that their report is not to be believed, that the Warren Report should be held up to the utmost suspicion. I cannot possibly convey how it galls me to come to such conclusions. But it is about time that we wake up to the truth.

FOOTNOTES

1 LeMoyne Snyder, Homicide Investigation, (Springfield, 1953), ix-x.
2 Josiah Thompson, Six Seconds In Dallas, (New York, 1967), p. 278.
3 Marshall Houts, Where Death Delights, (New York, 1967), p. 54.
4 National Archives in Washington, D.C., Commission Document 7.
5 Richard H. Levine, "Interview With Autopsy Surgeon", Baltimore Sun, November 25, 1966.
6 National Archives, op. cit., Commission Document 5.
7 Ibid., Commission Document 8
8 Ibid., Commission Administrative Papers.
9 Ibid., Commission Document 3.
10 See Newsweek, December 30, 1963, p. 55, Time, December 27, 1963, p. 18, Journal of the American Medical Association, January 4, 1964, p. 15, Washington Post, December 18, 1963, p. 3, and New York Times, December 18, 1963, p. 27 and January 26, 1964, p. 58.
11 National Archives, Commission Administrative Papers.